

Dermatology & Clinical Skin Care Center
Dermatologic, Laser & Plastic Surgery

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Contact Dermatitis Evaluation Form

Where have you had skin rashes?

How long have you had this present rash?

Do you have diagnosed allergies to medications or other items?

What medications are you presently taking?

Do you or anyone in your family have a history of psoriasis, eczema, asthma, or hay fever?

What is your current therapy for your skin problem?

What other therapies (re: medications) have you tried?

Have any of these therapies made your skin condition worse or better? Please explain.

Job occupation and work environment: (what do you work with or around?)

Please list the names of your household and personal hygiene products:

Body/Facial Soaps: _____
Shampoo: _____
Hair Dye/Wave Solution: _____
Nail Polish: _____
Household Cleaners: _____
Laundry Detergent: _____
Moisturizers: _____
Other: _____

Hair Spray/Mousse: _____
Conditioner: _____
Deodorant: _____
Toothpaste: _____
Air Fresheners (candles): _____
Insecticides: _____
Perfume/Cologne: _____

